Approved for use through 7/31/2006. OMB 0551-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| ,                             | PAT  | ENT APPLIC                                    |                  | I FEE DETE                                  | RECORD           |                    | Application or Docket Number |                        |                    |                    |                        |   |  |  |  |  |
|-------------------------------|--|---|------------------|---|------------------|--------------------|------------------------------|------------------------|--------------------|--------------------|------------------------|---|--|--|--|--|
|                               |  | CLAIMS AS                                     | FILED -          | – PART I<br>(Co                             |                  | SMALL E            | ENTITY                       | .OR                    |                    | R THAN<br>ENTITY   |                        |   |  |  |  |  |
|                               | FOR  | NUMB  | ER FILED         | NUMBE                                       | ER EXTRA         | ]                  | RATE                         | FEE                    | ]                  | RATE               | FEE                    | 1 |  |  |  |  |
| BASIC FEE<br>(37 CFR 1.16(a)) |  |   |                  |   | . • •            | s                  | OR                           |                        | \$ .               | 1                  |                        |   |  |  |  |  |
| TOTAL CLAIMS                  |  |   |                  |   |                  |                    | x s =                        | -                      | OR                 | x s =              |                        | 1 |  |  |  |  |
| IND                           | PENDENT CLAIR<br>CFR 1.16(b))  | ws.   | minus 3          |   | <u> </u>         |                    | x s =                        |                        | OR                 | x s =              | , <b>.</b>             | 1 |  |  |  |  |
|                               |  | INT CLAIM PRESE                               |                  | 37 CFR 1.16(d))                             | <u> </u>         |                    |                              |                        | OR                 |                    |                        | 1 |  |  |  |  |
|                               |  |   |                  |   |                  |                    |                              |                        |                    | + \$=              | <u> </u>               | 1 |  |  |  |  |
| - If t                        |  | column 1 is less th                           |                  |   | 2                |                    | TOTAL                        | A:                     | OR<br>·            | T,OTAL             | <u> </u>               | 1 |  |  |  |  |
| ١.                            | 26/ C  | LAIMS AS AM                                   | ENDED            | – PART II                                   |                  |                    |                              |                        | OTHE               | D THAN             |                        |   |  |  |  |  |
| 10                            | 19104  | (Column 1)                                    |                  | (Column 2)                                  | (Column 3)       |                    | SMALL E                      | NTITY                  | OR                 |                    | HER THAN<br>ALL ENTITY |   |  |  |  |  |
| ENT A                         |  | " CLAIMS<br>REMAINING<br>AFTER :<br>AMENDMENT |                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                    | RATE                         | ADDI-<br>TIONAL<br>FEE |                    | RATE               | ADDI-<br>TIONAL<br>FEE |   |  |  |  |  |
| ENDMENT                       | Total<br>(37 CFR 1.16(c))  | 102   | Minus            | "102  |                  |                    | x s=                         |                        | OR                 | x s=               |                        | ŀ |  |  |  |  |
| EN                            | Independent<br>(37 CFR 1.16(b))  | . 9   | Minus            | ··· 9                                       | - X              | 1                  | x \$=                        |                        | OR -               | x s=               |                        |   |  |  |  |  |
| AM                            | FIRST PRESENT  | FATION OF MULTIPL                             | ENT CLAIM (37 CF |   | + \$=            |                    | OR                           | + \$=                  |                    |                    |                        |   |  |  |  |  |
|                               |  |   |                  |   |                  | TOTAL<br>ADD'L FEE |                              | OR                     | TOTAL<br>ADD'L FEE |                    | ]                      |   |  |  |  |  |
|                               |  | (Column 1)                                    | <b>,</b>         | (Column 2)                                  | (Column 3)       |                    |                              |                        | 1                  |                    | r                      | 1 |  |  |  |  |
| ENT B                         |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                    | RATE                         | ADDI-<br>TIONAL<br>FEE |                    | RATE               | ADDI-<br>TIONAL<br>FEE |   |  |  |  |  |
| ENDMENT                       | Total<br>(37 CFR 1.16(c))  | •   | Minus            | **  | =                |                    | x \$=                        |                        | OR                 | x s=               |                        |   |  |  |  |  |
| IEN                           | Independent<br>(37 CFR 1 16(b))  | •   | Minus            | •••   | =                |                    | x s=                         |                        | OR                 | x s=               |                        |   |  |  |  |  |
| AM                            | FIRST PRESENT  | TATION OF MULTIPL                             | E DEPENDI        | ENT CLAIM (37 CF                            | FR 1 16(d))      |                    | + \$=                        |                        | OR                 | + \$=              |                        |   |  |  |  |  |
|                               |  |   |                  |   |                  |                    | TOTAL<br>ADD'L FEE           |                        | OR                 | TOTAL<br>ADD'L FEE |                        | 1 |  |  |  |  |
|                               |  | (Column 1)                                    |                  | (Column 2)                                  |                  |                    |                              | •                      |                    |                    | 1                      |   |  |  |  |  |
| N C                           |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                    | RATE                         | ADDI-<br>TIONAL<br>FEE |                    | RATE .             | ADDI-<br>TIONAL<br>FEE |   |  |  |  |  |
| )ME                           | Total<br>(37 CFR 1.16(c))  | •   | Minus            | **  | = .              | 1                  | x \$=                        |                        | OR                 | _x s=              |                        | 1 |  |  |  |  |
| AMENDMEN                      | Independent<br>(37 CFR 1 16(b))  | <del>  -</del>                                | Minus            | •••   | =                | 1                  | x \$=                        |                        | OR                 | x s=               |                        | 1 |  |  |  |  |
| AM                            | FIRST PRESENT  | TATION OF MULTIPL                             | ENT CLAIM (37 CF |   | + \$ =           |                    | OR                           | + \$=                  |                    | ]                  |                        |   |  |  |  |  |
|                               |  |   |                  |   |                  | <b>4</b> 1         | TOTAL<br>ADD'L FEE           |                        | OR                 | TOTAL<br>ADD'L FEE |                        | 1 |  |  |  |  |
| 1 .                           | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                  |   |                  |                    |                              |                        |                    |                    |                        |   |  |  |  |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/06 (08-03)
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|  | PAT  | ENT             | APPLIC                                 |             | FEE DETE                                    |                  | N       | RECORD             |                        | Applicati<br>09/ | on or Docket Nu    | mber<br>173            |               |
|--|--|-----------------|--|-------------|---|------------------|---------|--------------------|------------------------|------------------|--------------------|------------------------|---------------|
|  |  | CI              | LAIMS AS                               | FILED       | – PART I                                    |                  | SMALL E | ENTITY             | OR                     |                  | R THAN<br>ENTITY   |                        |               |
| FOR NUMBER FILED NUMBER EX               |  |                 |  |             |   |                  |         | RATE               | FEE                    |                  | RATE               | FEE                    | 1             |
| BASIC FEE (37 CFR 1 16(a))               |  |                 |  |             |   |                  |         |                    | \$                     | OR               |                    | \$                     | 1             |
|  | AL CLAIMS<br>CFR 1 16(c))  |                 |  | minus 20    |   |                  |         | x \$=              |                        | OR               | x \$=              |                        | 1             |
|  | EPENDENT CLAIR<br>CFR 1.16(b))   | MS              | ٠. نخ                                  | minus 3     | = .   |                  |         | x \$=              |                        | OR               | x s=               |                        | 1             |
| MUL                                      | TIPLE DEPENDE  | NT CL           | AIM PRESEN                             | т (:        | 37 CFR 1.16(d))                             |                  |         | + \$=              |                        | OR               | + s =              |                        |               |
| • If t                                   | he difference in c   | columi          | n 1 is less tha                        | ın zero, er | nter "0" in column                          | 2.               |         | TOTAL              |                        | OR               | TOTAL              |                        |               |
|  | "<br>, , C   |                 | IS AS AME                              | ENDED       | – PART II                                   |                  |         |                    | ٠                      |                  |                    |                        | l             |
| 7,                                       | 126/02   | ·               | olumn <sup>-</sup> 1)                  | <b>,</b>    |   | · · (Column 3)   |         | SMALL E            | NTITY                  | OR               |                    | R THAN<br>ENTITY       |               |
| ENT A                                    |  | RE              | CLAIMS<br>EMAINING<br>AFTER<br>ENDMENT |             | HIGHEST -NUMBER PREVIOUSLY PAID FOR         | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |                  | RATE               | ADDI-<br>TIONAL<br>FEE | <u> </u>      |
|  | Total<br>(37 CFR 1.16(c))  |                 | 102                                    | Minus       | "102  |                  |         | x \$=              |                        | OR               | x s= '             |                        | }             |
| I<br>N<br>N                              | Independent<br>(37 CFR 1.16(b))  |                 | 9                                      | Minus       | ··· G                                       | = >              |         | x s=               |                        | OR               | x \$=              |                        |               |
| ¥  | FIRST PRESENT  | OITAT           | OF MULTIPLE                            | E DEPENDI   | ENT CLAIM (37 CF                            | FR 1.16(d))      |         | + \$=              |                        | OR               | + \$=              |                        | ł             |
| 1/12/02 (Column 1) (Column 2) (Column 3) |  |                 |  |             |   |                  |         | TOTAL<br>ADD'L FEE |                        | OR -             | TOTAL<br>ADD'L FEE | <u>/</u>               | ]             |
| ENT B ///                                | 112/02   | <del>, (C</del> | olumn 1)                               |             | (Column 2)                                  | (Column 3)       | 1       |                    |                        | 1                |                    | ı—                     | $\frac{1}{2}$ |
|  |  | RE              | CLAIMS<br>EMAINING<br>AFTER<br>ENDMENT |             | HIGHEST NUMBER PREVIOUSLY PAID FOR          | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |                  | RATE               | ADD1-<br>TIONAL<br>FEE |               |
| OME                                      | Total<br>(37 CFR 1.16(c))  | •               | 102                                    | Minus       | 102   | -                |         | x s=               |                        | OR               | x \$=              |                        | L             |
| MENDM                                    | Independent<br>(37 CFR 1 16(b))  |                 | 9                                      | Minus       | g   | =                |         | x s =              |                        | OR               | x s=               |                        | ]/            |
| MA                                       | FIRST PRESENT  | TATION          | OF MULTIPLE                            | E DEPENDI   | ENT CLAIM (37 CF                            | FR 1 16(d))      |         | + \$ =             |                        | OR               | + s=               |                        | 1             |
|  | -101   | ,               |  |             |   |                  |         | TOTAL<br>ADD'L FEE |                        | OR .             | TOTAL<br>ADD'L FEE | ·                      |               |
|  | 1/8/04   | (C              | olumn 1)                               |             | (Column 2)                                  | (Column 3)       |         |                    |                        |                  |                    |                        |               |
| AMENDMENT C                              |  | RE              | CLAIMS<br>EMAINING<br>AFTER<br>ENDMENT |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |         | RATE .             | ADDI-<br>TIONAL<br>FEE |                  | · RATE             | ADDI-<br>TIONAL<br>FEE |               |
|  | Total<br>(37 CFR 1.16(c))  |                 | 02                                     | Minus       | 102   | = \              |         | x \$=              |                        | OR               | x .s =             |                        |               |
|  | Independent<br>(37 CFR 1.16(b))  | ·               | 9 Minus 9 =                            |             |   |                  |         | x s=               |                        | OR               | x \$=              | X I                    | ]             |
| ₹  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))  |                 |  |             |   |                  |         | + \$=              |                        | OR               | + \$               |                        |               |
| ·  |  |                 |  |             |   |                  |         | TOTAL<br>ADD'L FEE |                        | OR               | TOTAL ADD'LIFEE    |                        |               |
|  | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                 |  |             |   |                  |         |                    |                        |                  |                    |                        |               |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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|                                      | PATENT A  |                 |                                 | N FEE D<br>e Novem               |                   |  | ON RECO                               | RD | 6                                    | 9/4                    | 5   | 7,17                           | 3                      |        |
|--------------------------------------|---|-----------------|---------------------------------|----------------------------------|-------------------|--|---------------------------------------|----|--------------------------------------|------------------------|-----|--------------------------------|------------------------|--------|
|                                      | •   | CLA             |                                 | S FILED .<br>olumn 1)            | PA                | RT I<br>(Colu                              | mn 2)                                 |    | SMALL<br>TYPE                        | EMTTY                  | OR  | OTHER                          | THAN                   |        |
| FOR NUMBER FILED                     |   |                 |                                 |                                  |                   | NUMBER I                                   | EXTRA                                 |    | RATE                                 | FEE                    | ]   | RATE                           | . FEE                  | 1      |
| BA                                   | SIC FEE   |                 |                                 |                                  |                   | ,  |                                       |    |                                      | 380.00                 | OR  | ·                              | 760.00                 |        |
| TOTAL CLAIMS 109 minus 20= 89        |   |                 |                                 |                                  |                   |  |                                       |    |                                      |                        | OR  | X\$18=                         | 1476                   |        |
| INDEPENDENT CLAIMS   G   minus 3 = * |   |                 |                                 |                                  |                   |  |                                       |    | X39=                                 |                        | OR  | X78≃ .                         | 4/08                   | 1      |
| ΛU                                   | LTIPLE DEPEN  | IDENT (         | CLAIM PI                        | RESENT                           |                   |  |                                       |    | +130=                                |                        | OR  | +260=                          | 260                    | 1      |
| If                                   | the difference  | in cotu         | mn 1 is                         | less than z                      | ero, e            | enter "0" in c                             | olumn 2                               | '  | TOTAL                                | -                      | OR  | TOTAL                          | 0964                   | ł      |
|                                      | 1.1.  |                 |                                 | MENDE                            |                   |  |                                       |    | IOIAL                                |                        | Jon | OTHER                          | THAN                   | 1      |
| l/                                   | 114101  | (Col            | umn 1)                          | MENDE                            | (C                | olumn 2)                                   | (Column 3)                            | _  | SMALL                                | ENTITY                 | OR  | SMALL                          |                        |        |
| AMENUMENTA                           |   | REM<br>AF       | AIMS<br>AINING<br>TER<br>IDMENT |                                  | PF                | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      |    | RATE                                 | ADDI-<br>TIONAL<br>FEÉ |     | RATE                           | ADDI-<br>TIONAL<br>FEE |        |
|                                      | Total   | - 10            | 2)                              | Minus                            | -                 | 162  | $\sim$                                | ,  | X\$ 9=                               |                        | OR  | X\$18=                         |                        |        |
|                                      | Independent   | . 6             | 3                               | Minus                            | ***               | 9  | = X                                   |    | X39=                                 |                        | OR  | X78=                           |                        |        |
| (                                    | FIRST PRESE   | NTATIC          | N OF MI                         | JLTIPLE DE                       | PEND              | ENT CLAIM                                  |                                       |    | +130=                                |                        | OR  | +260=                          | X                      |        |
| /                                    | 1/30/01   | /               |                                 |                                  |                   |  |                                       |    | TOTAL<br>ADDIT. FEE                  |                        |     | TOTAL<br>ADDIT. FEE            | /                      |        |
| _                                    | <del></del>   |                 | umn 1)<br>Alms                  | 1                                |                   | olumn 2)<br>Highest                        | (Column 3)                            | 1  | · ·                                  | ADDI-                  | 1   |                                | ADDI-                  | ł      |
|                                      |   | A               | AINING<br>FTER<br>FOMENT        |                                  | PF                | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA                      |    | RATE                                 | TIONAL                 |     | RATE                           | TIONAL<br>FEE          |        |
| MENUMEN                              | Total   | . 10            | 2                               | Minus                            | -                 | 102  | • \_                                  |    | X\$ 9=                               |                        | OR  | X\$18=                         | )                      |        |
| A TE                                 | Independent   |                 | 3                               | euniM                            | ***               | 7  | · /                                   |    | X39=                                 |                        | OR  | X78=                           |                        | ,      |
| _                                    | FIRST PRESE   | NTATIC          | ON OF MI                        | ULTIPLE DE                       | PEND              | ENT CLAIM                                  |                                       |    | +130=                                |                        | OR  | +260=                          |                        | $\cup$ |
|                                      | 1/2016  | <b>-</b> /      |                                 |                                  |                   |  |                                       | 1  | TOTAL                                |                        |     | TOTAL                          |                        |        |
| -                                    | 9/27/02   | السالم          | umn 1)                          |                                  | ıc                | Column 2)                                  | (Column 3)                            |    | ADOIT. FEE                           |                        | ,   | ADDIT. FEE                     |                        |        |
| AMENDMENIC                           |   | CL<br>REM<br>AI | AIMS<br>AINING<br>TER<br>IDMENT |                                  | PF                | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                      |    | RATE                                 | ADDI-<br>TIONAL<br>FEE |     | RATE                           | ADDI-<br>TIONAL<br>FEE |        |
|                                      | Total   |                 | 02                              | Minus                            | <b> </b>          | 182  | . \                                   |    | X\$ 9=                               | FEE                    | OR  | X\$18=-                        |                        |        |
|                                      | Independent   |                 | 9                               | Minus                            | <b> </b>          | 9  | - 2                                   | /  | X39=                                 |                        |     | X78=                           | 1                      |        |
| ₹                                    | FIRST PRESE   | NTATIO          | ON OF M                         | ULTIPLE DE                       | PEND              | ENT CLAIM                                  |                                       |    | V29=                                 | _                      | ОЯ  | V.0=                           | $\rightarrow$          | •      |
|                                      |   |                 |                                 |                                  |                   | ba ent la                                  |                                       |    | +130=                                |                        | OR  | +260=                          | /                      | -      |
|                                      | If the entry in colu<br>If the "Highest Nu<br>If the "Highest Nu<br>The "Highest Nu | imber Pr        | eviously Pa                     | aid For' IN TH<br>aid For' IN Th | IIS SP/<br>IIS SP | ACE is less tha<br>ACE is less tha         | n 20, enter "20."<br>in 3. enter "3." |    | TOTAL<br>ADDIT, FEE<br>and in the ap | propriate bo           | -   | TOTAL<br>ADDIT. FEE<br>lumn 1. |                        |        |

Application or Docket Number